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PTO/SB/32 (09-08)

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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <div style="text-align: center;">SSS-109</div>								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Patrick C. St. Germain et al.</td> </tr> <tr> <td style="width: 60%; padding: 5px;">Application Number 10/717,019</td> <td style="padding: 5px;">Filed November 19, 2003</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For WEB TENSIONING DEVICE WITH PLURAL CONTROL INPUTS</td> </tr> <tr> <td style="padding: 5px;">Art Unit 3654</td> <td style="padding: 5px;">Examiner Scott J. Haugland</td> </tr> </table>		In re Application of Patrick C. St. Germain et al.		Application Number 10/717,019	Filed November 19, 2003	For WEB TENSIONING DEVICE WITH PLURAL CONTROL INPUTS		Art Unit 3654	Examiner Scott J. Haugland
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Art Unit 3654	Examiner Scott J. Haugland									
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.										
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,000.00										
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 500.00 <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>15-0508</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>20,818</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____										
		<div style="text-align: center;"> Signature </div> <div style="text-align: center;"> <u>Talivaldis Cepuritis</u> Typed or printed name </div> <div style="text-align: center;"> <u>January 29, 2007</u> Date </div> <div style="text-align: center;"> <u>312-580-1180</u> Telephone number </div>								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.										

This collection of information is required by 37 CFR 41.20(b)(3). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.8. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/30/2007 SFELEKE1 00000018 150508 10/717019 *If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

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PAGE 1/3 * RCVD AT 1/29/2007 3:20:39 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-5/12 * DNIS:2738300 * CSID:312 580 1189 * DURATION (mm-ss):01-12

Application No. 10/717,019

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES is being transmitted, in duplicate, by facsimile transmission to Fax No. 571-273-8300 on January 29, 2007.

Talivaldis Cepuritis /ps2
Talivaldis Cepuritis (Reg. No. 20,818)